(b) if so, the number of affected people in Delhi;

(c) whether Government are aware that a majority of those found having AIDS were from the elite or the affluent section and HIV prevalence rate among general population was 0.25 per cent; and

(d) the percentage of TB prevalence among general population in Delhi and which— TB or AIDS, should get priority to control the measures?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir.

(b) 656 AIDS cases are reported as on 31 st January, 2002 in Delhi.

(c) Yes, Sir. The HIV prevalence rate in pregnant women attending antenatal clinics in Delhi was detected to be 0.25 per cent during the recently conducted sentinel surveillance round. However, the reported AIDS cases belong to all segments of society.

(d) About 170 per lakh TB cases are reported to the Government system. There is a strong association between TB and HIV infection. TB is one of the most important opportunistic infections in the HIV infected persons. While there is no cure for HIV/AIDS, TB can be cured completely in HIV infected persons by providing full course of anti-tubercular treatment. Therefore both TB and HIV/AIDS should get priority in prevention and control measures.

Privatisation of Safdarjung Hospital

335. SHRI NANA DESHMUKH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have decided to privatise a pioneer institution, namely Safdarjung Hospital which is the only institution for getting medical treatment for poor and depressed families;

(b) if so, the compelling reasons for doing so;

(c) what are Government's plans to make available treatment for the poor and depressed families in these hard days; and

(d) the circumstances under which the monthly payment of patient care allowance in toto was denied to the employees of Safdarjung Hospital?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) No, Sir.

(b) In view of (a) above, question does not arise.

(c) AM treatment facilities at Safdarjung Hospital are provided free of cost to the poor and depressed families. Besides, financial assistance is also provided to poor patients for costly procedures out of National Illness Assistance Fund.

(d) As a policy, the patient care allowance is admissible to the eligible categories of employees, as per the duty performed by them during the month.

Tea Breaks in CGHS Dispensary, Janakpuri

336. MISS FRIDA TOPNO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that both medical and para-medical staff at CGHS Dispensary, B-Block, Janakpuri take at least two tea breaks of half-an-hour daily;

(b) if so, whether such breaks cause avoidable inconvenience to the beneficiaries;

(c) whether they are allowed for such tea breaks; and

(d) if not, whether Government would issue necessary instructions to the CMO of the dispensary to stop such breaks?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Tea breaks are not allowed to the Medical Officers/staff in CGHS dispensaries including the CGHS dispensary at Block, Janakpuri. However, as per existing instructions, the Medical Officers and othelr staff in CGHS dispensa- s can have tea at their own table after 10.00 a.m. without hampering the ru.Tnal functioning of the dispensary.

(b) to (d) In view of (a) above, the questions do not arise.

Availability of Doctors in CGHS Dispensary, Janakapuri

337. MISS FRIDA TOPNO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of doctors posted at CGHS dispensary No. 74, B-Block, Janakpuri;